

# North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

3001 Mail Service Center • Raleigh, North Carolina 27699-3001 Tel 919-733-7011 • Fax 919-508-0951

Michael F. Easley, Governor Carmen Hooker Odom, Secretary

Michael Moseley, Director

### **POLICY GUIDANCE**

## **Sign Language Interpreting in Community Settings**

For many years, the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services has made funding available to help defray the costs of sign language interpreting services in the community (see Communication Bulletin # 058). In order to streamline current procedures for the procurement of sign language interpreting services, the Division will begin using the DHHS Approved Sign Language Interpreter contract effective July 1, 2007.

The DHHS Approved Sign Language Interpreter contract (AIL) is managed by the Division of Services for Deaf and Hard of Hearing (DSDHH). DSDHH coordinates the AIL and maintains a listing of licensed sign language interpreters and interpreting agencies under contract to DHHS. A current listing of licensed interpreters on the AIL contract is attached.

DMHDDSAS continues to emphasize the need for sign competent providers. Sign language interpreting services should only be used when sign competent providers are unavailable. However, when sign language interpreting services are needed in order to communicate effectively with sign language users known to an LME, the following procedures are effective July 1, 2007:

### Authorization:

1. The MHDDSA Provider should begin the process of booking interpreter assignments by contacting independent contractors on the AIL contract list. If three independent contractors have been contacted and none are available, the Provider may contact an interpreting agency to book an assignment. Once a contractor is selected, the MH/DD/SA Provider will request payment authorization from the DMH Central Office by completing Section I of the Sign Language Interpreting Services Authorization/Payment form (Attachment I). The form should be faxed to 919-508-0962.

<u>Please note</u>: prior authorization from the Central Office for interpreting services for STR functions or crisis services (e.g., Mobile Crisis Management) is unnecessary. A provider is authorized to schedule an interpreter from the AIL without authorization from the Central Office. However, after interpreting services have been provided for STR or crisis services, the MHDDSA provider is to submit the Sign Language Interpreting Services Authorization/Payment form as specified above.



2. The Central Office will authorize a maximum of 8 hours of billable sign language interpreting services per week for 90 days. Interpreting services may be reauthorized by submitting a new authorization form.

<u>Please note:</u> Interpreters charge a 2-hour minimum fee. If a sixty-minute service is scheduled such as individual therapy, the interpreting charge is for 2-hours. The Central Office will authorize a maximum of 8 hours of billable interpreting hours. Requests for more than 8 hours of billable interpreting services per week will need additional justification and review from the Central Office.

3. The Central Office will authorize payment of interpreting services by completing <u>Section II</u> of the Sign Language Interpreting Services Authorization/Payment form. Authorization will be faxed to the MH/DD/SA Provider.

### Payment:

After the interpreting assignment is complete, the interpreter or interpreter agency submits
an invoice to the MHDDSA provider that requested the service. The MHDDSA provider
reviews the invoice for accuracy, completes <u>Section III</u> of the Sign Language Interpreting
Services Authorization/Payment form, and then submits the completed form and invoice to
the DMH Central Office. The invoice should be sent via US Mail to:

Mr. Brad Trotter DMHDDSAS 3005 MSC Raleigh, NC 27699-3005

2. After review, the invoice is forwarded to the DHHS Controller's office for direct payment to the interpreter.

This procedure for procuring sign language interpreting services applies to any provider that is serving an individual in the community who is registered and enrolled as a MH/DD/SA system consumer.

The provision of sign language interpreting services shall be documented as a needed support on the Person-Centered Plan.

Please contact Brad Trotter at DMHDDSAS via email at <u>brad.trotter@ncmail.net</u> if you have questions about these procedures.

